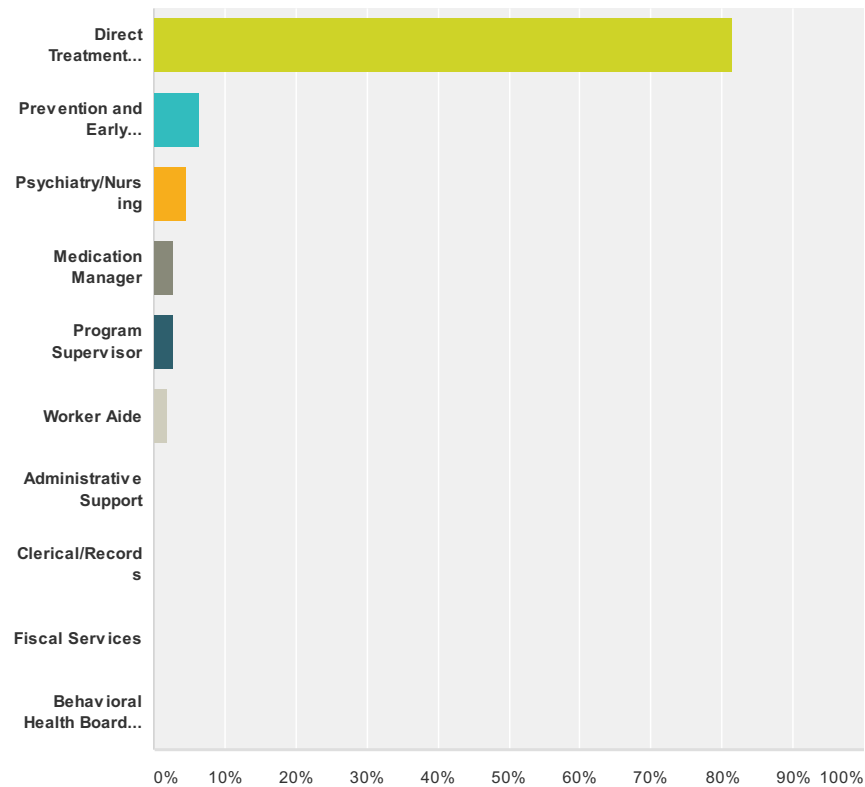


Q1 Please tell us which work group you represent:

Answered: 108 Skipped: 0

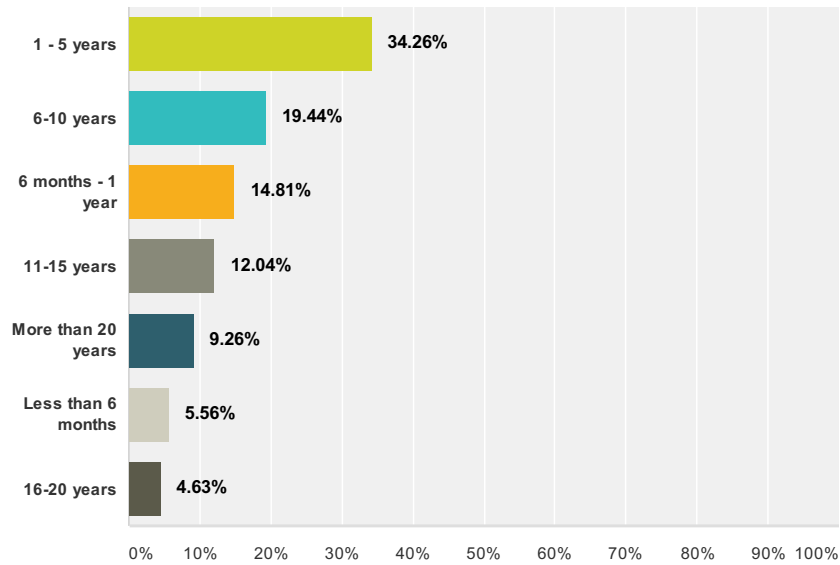


Answer Choices	Responses
Direct Treatment Service provider (e.g. Therapist, Specialist, Case management, etc.)	81.48% 88
Prevention and Early Intervention provider	6.48% 7
Psychiatry/Nursing	4.63% 5
Medication Manager	2.78% 3
Program Supervisor	2.78% 3
Worker Aide	1.85% 2
Administrative Support	0.00% 0
Clerical/Records	0.00% 0
Fiscal Services	0.00% 0
Behavioral Health Board Member	0.00% 0
Total	108

#	Other (please specify)	Date
1	Program Supervisor	8/29/2014 4:57 PM
2	Drug Testing	8/29/2014 4:57 PM
3	supervisor	8/29/2014 4:57 PM
4	Program Supervisor	8/29/2014 4:57 PM
5	Medication Manger Also.	8/13/2014 11:50 AM

Q2 How long have you worked in the Behavioral Health Department (Mental Health or Drug & Alcohol Services)?

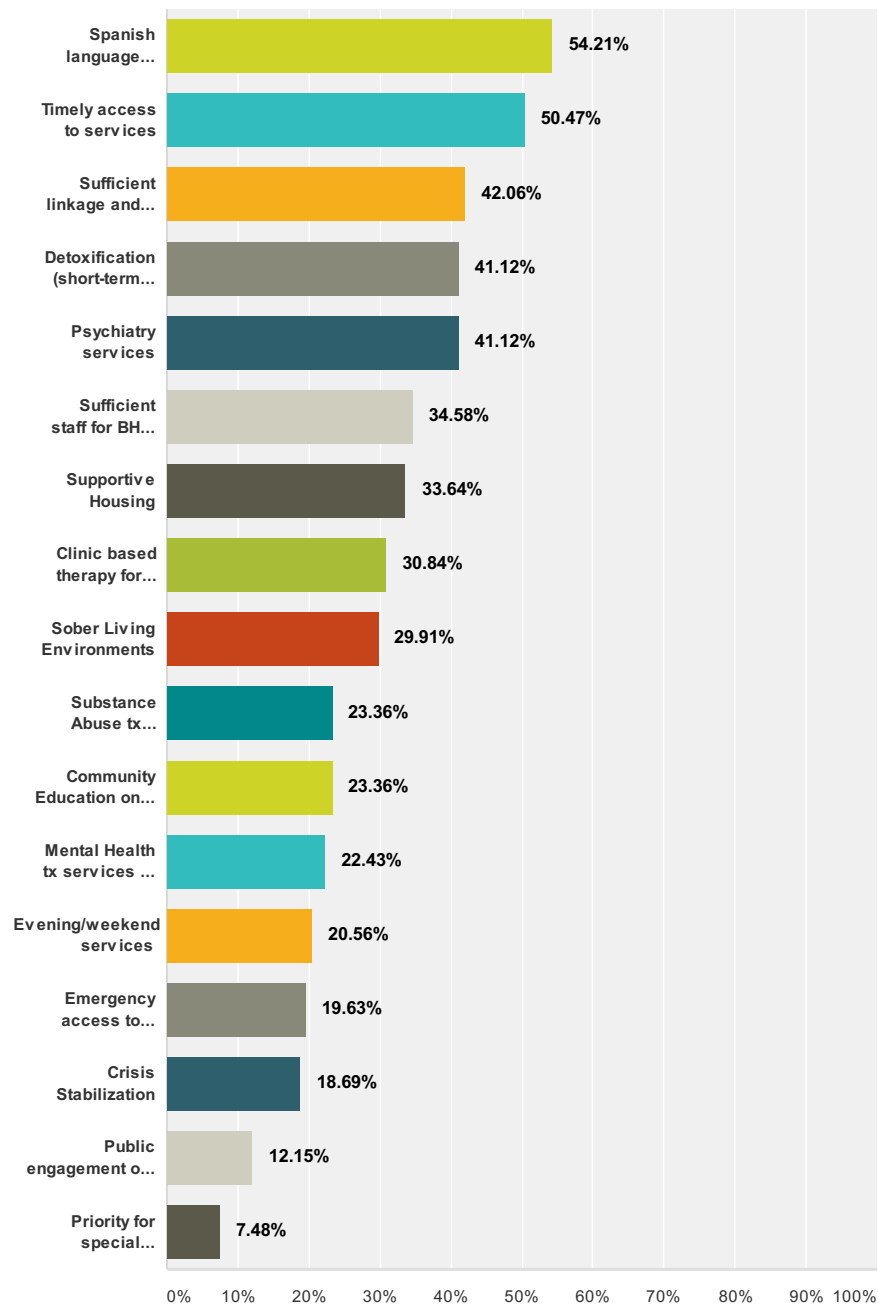
Answered: 108 Skipped: 0



Answer Choices	Responses	
1 - 5 years	34.26%	37
6-10 years	19.44%	21
6 months - 1 year	14.81%	16
11-15 years	12.04%	13
More than 20 years	9.26%	10
Less than 6 months	5.56%	6
16-20 years	4.63%	5
Total		108

Q3 From your observations and/or experience, please mark the service elements you feel could be improved, increased, or developed. Please select your top five:

Answered: 107 Skipped: 1



Answer Choices	Responses
Spanish language services	54.21% 58
Timely access to services	50.47% 54
Sufficient linkage and navigation (warm hand-offs)	42.06% 45
Detoxification (short-term residential)	41.12% 44
Psychiatry services	41.12% 44
Sufficient staff for BH intakes	34.58% 37

Behavioral Health Department Employee Survey - Service Gaps

Supportive Housing	33.64%	36
Clinic based therapy for adults	30.84%	33
Sober Living Environments	29.91%	32
Substance Abuse tx services on school campuses	23.36%	25
Community Education on specialty BH issues	23.36%	25
Mental Health tx services on school campuses	22.43%	24
Evening/weekend services	20.56%	22
Emergency access to medications	19.63%	21
Crisis Stabilization	18.69%	20
Public engagement on BH issues	12.15%	13
Priority for special populations	7.48%	8
Total Respondents: 107		

#	Of these choices, which do you feel is MOST needed:	Date
1	Detoxification residential treatment	8/29/2014 4:57 PM
2	Community Education	8/29/2014 4:57 PM
3	Spanish speaking services	8/29/2014 4:57 PM
4	cooccurring related services & short term, step-down residential	8/26/2014 3:31 PM
5	Sober living environments	8/21/2014 9:54 AM
6	Spanish speaking services	8/18/2014 9:27 AM
7	Spanish language services - Latino outreach workers are swamped and it would be nice to have more Spanish speaking staff in schools and in the local clinics...	8/14/2014 9:39 AM
8	Sufficient linkage and navigation (warm hand offs)	8/14/2014 8:11 AM
9	Detox	8/13/2014 4:55 PM
10	Substance Abuse Tx Services on School Campuses	8/13/2014 4:32 PM
11	Sufficient linkage and navigation	8/13/2014 4:15 PM
12	Spanish Language Services	8/13/2014 4:11 PM
13	Sufficient staff for BH intakes	8/13/2014 2:18 PM
14	Spanish language services	8/13/2014 1:35 PM
15	Supportive Housing and Sober Living Environments	8/13/2014 12:46 PM
16	detoxification (short-term residential)	8/13/2014 12:43 PM
17	All are linked together/critically important	8/13/2014 12:36 PM
18	Timely access to services	8/13/2014 11:50 AM
19	supportive housing	8/13/2014 11:37 AM
20	Timely access to services	8/13/2014 11:11 AM
21	Psychiatry services	8/13/2014 11:00 AM
22	All are equally important	8/13/2014 10:52 AM
23	Timely Access to Services	8/12/2014 6:04 PM
24	Timely Access to Services	8/12/2014 6:04 PM
25	residential tx (detox)	8/11/2014 11:01 AM
26	Timely Intakes all clinics and Adult Therapy in SLO.	8/11/2014 9:32 AM
27	Spanish language	8/8/2014 8:26 PM
28	Spanish service providers: Licensed therapists, not just translators	8/8/2014 10:38 AM
29	Therapy for Adults—Co-Occurring Population	8/8/2014 9:25 AM
30	Increase number of case managers and decrease administration which has gotten out of control over the past few years.	8/7/2014 3:35 PM
31	More services in the schools	8/7/2014 9:24 AM
32	Sufficient staff for intakes	8/6/2014 5:53 PM
33	Supportive Housing	8/6/2014 5:03 PM
34	Stability in our Psychiatrist staffing for clinics per continuity of care for clients who are experiencing excessive changes in providers (except at YS—where additional MD staffing would be beneficial)	8/6/2014 4:47 PM
35	residential living environments in San Luis Obispo County	8/6/2014 4:09 PM

Behavioral Health Department Employee Survey - Service Gaps

36	Behavioral Health Current Service Delivery March 2015	8/6/2014 3:00 PM
37	Detoxification	8/6/2014 1:50 PM
38	psychiatry services	8/6/2014 12:13 PM
39	Sufficient staff	8/6/2014 10:49 AM
40	Psychiatry services- turnover & availability.	8/6/2014 10:44 AM
41	supportive housing	8/6/2014 10:14 AM
42	Sufficient linkage and navigation/Spanish services	8/6/2014 9:18 AM
43	Timely access to services	8/6/2014 8:22 AM
44	Evening Weekend services	8/6/2014 8:19 AM
45	More client oriented child psychiatrists that do thorough assessments and evals.	8/5/2014 10:44 PM
46	bring both Drug & Alc SPECIALIST = BH THERAPIST	8/5/2014 8:22 PM
47	spanish language services	8/5/2014 4:55 PM
48	Crisis services	8/5/2014 4:50 PM
49	Sufficient Staff for BH Intakes	8/5/2014 4:39 PM
50	Spanish Language Services	8/5/2014 4:13 PM
51	Spanish Language Services	8/5/2014 4:12 PM
52	Community Education on specialty BH issues	8/5/2014 4:10 PM
53	I feel that on this list psychiatric services are most needed. There is a huge gap regarding the care of non-criminal patients with co-occurring disorders. They are passed around between Mental Health, CHC and now the Holmen Group. The only place where they are seen for psychiatric evaluation and medication is by our one, part time Nurse Practitioner here at DAS. Because she also handles our alcohol and opiate detox program, the wait to see her can be long. Those patients with these complicated drug and mental health issues often cannot remain in our program long enough to be seen by her. Further, our services are limited in time and these patients require years, maybe lifelong care. I am concerned that when they complete our program there will not be a service that we can "hand them off to" for continued care. Consequently, sufficient linkage and navigation is the second area of services most needed.	8/5/2014 3:54 PM
54	Clinic based therapy for adults	8/5/2014 3:30 PM
55	spanish services and psychiatry services	8/5/2014 3:17 PM
56	Crisis Stabilization and crisis for children	8/5/2014 3:10 PM
57	Spanish Language Services	8/5/2014 2:39 PM
58	Detox (short term residential)	8/5/2014 2:25 PM
59	detox/ sober living for youth and adult	8/5/2014 2:25 PM
60	spanish language services	8/5/2014 2:17 PM
61	Timely access to Mental Health services	8/5/2014 2:07 PM
62	There is a gap in North county ERMHS treatment. Not only do the clients have to travel to get services,	8/5/2014 1:54 PM
63	Supportive housing/SLE's	8/5/2014 1:53 PM

Q4 What other consumer services are missing, need significant improvements, or need increased resourcing in our continuum of care?

Answered: 64 Skipped: 44

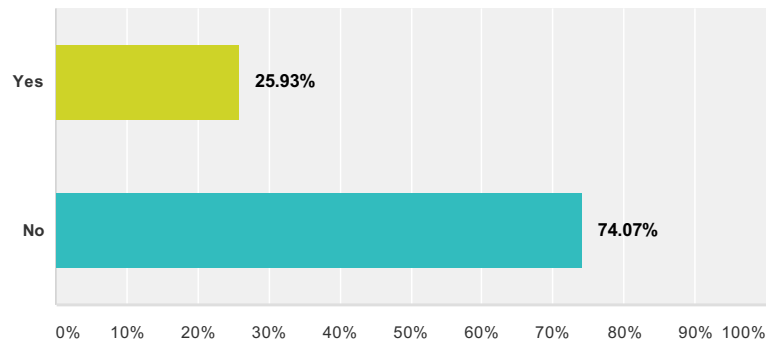
#	Responses	Date
1	Closely monitoring people who leave the PHF and help the client find strength based solutions on how to develop better coping skills. Maybe a person to follow up for at least 30 days anyone who lands on the PHF (non-LPS) so they will feel supported and can then access crisis help if needed.	8/29/2014 4:57 PM
2	Reduced intake paperwork across the agencies.	8/29/2014 4:57 PM
3	Access to MHSA intensive services on a 24/7 basis	8/26/2014 3:31 PM
4	Parenting classes combined with options for triaging to assessment, intervention and support for struggling parents. More early intervention with parents I believe is essential.	8/21/2014 9:54 AM
5	I would like to see the intake process streamlined to enable families to access services more quickly.	8/14/2014 9:39 AM
6	Better Public Relations, Community Outreach	8/14/2014 8:11 AM
7	San Luis Obispo County Alumni Group Access.	8/13/2014 4:32 PM
8	Labor Issues Raises for employees	8/13/2014 4:23 PM
9	Bi-lingual services	8/13/2014 4:15 PM
10	Transportation assistance	8/13/2014 4:11 PM
11	Family therapy services in the evenings	8/13/2014 2:00 PM
12	Caregiver support groups	8/13/2014 1:35 PM
13	Family Therapy to address reunification issues after incidence of Intimate Partner Violence; as it is, the perpetrator and victim end up back together and the cycle of violence continues.	8/13/2014 12:46 PM
14	Services for extended non-substance using family/friends/support system - you're only as "recovered" as your environment will allow - we need help for families - updated treatment options other than Matrix Model - based on stimulant dependence - also presented too "old school" the "you must do this" versus giving choices - In raising children we give choices - in substance dependence choices need to be options - and differing opinions allowed to be explored - If I tell someone "Be Smart Not Strong" I don't give them the option of giving definitions of what that means to them - or coming to their own conclusions on what that means - all lessons too black and white without allowing process - or for individual personalities -	8/13/2014 12:36 PM
15	Caseloads are very high which makes it so client's do not get the care they need and sometimes "fall through the cracks".	8/13/2014 11:13 AM
16	Youth services rehab services for emotionally disturbed children are very necessary for many to make improvement but in south county we do not have any outdoor area to work with clients on these skills. It is the unstructured outdoor times that cause client's the most difficulty and typically where they have aggressive behavior outbursts. It seems we do not have a protocol for Spanish speaking only clients with need for a mobile crisis evaluation. Our Latino outreach therapist has a waiting list.	8/13/2014 11:12 AM
17	All direct care staff should have access computers. All direct care staff and worker aides need to have their own computers to be more efficient and save time.	8/13/2014 11:08 AM
18	A contract with Maxine Lewis Homeless Shelter and ECHO to have one bed per night for crisis contacts that have no place to go in the middle of the night. It could possibly prevent some hospitalizations in the middle of the night since some consumers do not know resources after hours. A direct phone line to them would be helpful as well.	8/13/2014 11:03 AM
19	Specifically, it seems like community education in schools would be helpful. It appears that many youth consumers feel misunderstood by both peers and staff.	8/13/2014 11:00 AM
20	Allowance of substance abuse testing at time of intake	8/13/2014 10:52 AM
21	Psychiatric care for moderately impaired (Holman)-no psychiatrists available for children	8/11/2014 11:01 AM
22	Traditional MH Services have suffered. Med Managers have too high a caseload, Youth Therapists in NC have too high a caseload. It is a shame that people are referred to MH and can't get in to see someone for an intake for "weeks" and sometimes months.	8/11/2014 9:32 AM
23	Housing for MI consumers with children Staff for case management	8/8/2014 8:26 PM
24	Evening hours	8/8/2014 10:38 AM
25	We need more Co-Occurring treatment availability.	8/8/2014 9:25 AM
26	Get some psychiatrists in to the system that are not running their private practices on county time.	8/7/2014 3:35 PM
27	Integrated services with DAS and Mental Health. At mental health I see clients having to wait 60 days for a mental health assessment only to be denied due to dual diagnosis issues when they really need services.	8/7/2014 11:20 AM
28	Relevant support services to parents, families and grandparents raising children	8/7/2014 9:24 AM
29	Integrated services, adequate clinic space, streamline FSP access.	8/6/2014 5:53 PM
30	Specialty equipment for all Case Managers, such as individual lap top computers that can be taken out into the field. This would help make better use of time for case managers.	8/6/2014 5:03 PM
31	Youth Services needs a more permanent home/site; development of a youth campus near the BH campus would be excellent long term planning/investing in this service delivery system.	8/6/2014 4:47 PM

Behavioral Health Department Employee Survey - Service Gaps

32	Behavioral Health Current Service Delivery March 2015 I think that there needs to be more case managers, and better access to MD's. I think that it is a mistake to only have one Dual Disorders Therapist at a mental health clinic. I would like to see more individual therapy at the clinics.	8/6/2014 3:59 PM
33	Open drop-in support/psychoeducational groups for non-clients in need of information or brief support.	8/6/2014 2:29 PM
34	I think that there needs to be more case managers, and better access to MD's. I think that it is a mistake to only have one Dual Disorders Therapist at a mental health clinic. I would like to see more individual therapy at the clinics.	8/6/2014 12:13 PM
35	More staff therapists in youth services to relieve tremendous case loads.	8/6/2014 10:49 AM
36	Re-dedication to core services is needed. Mission creep appears to have occurred that waters down clinical effectiveness.	8/6/2014 10:44 AM
37	BILINGUAL STAFF!!!!	8/6/2014 9:25 AM
38	Open communication between various departments	8/6/2014 9:18 AM
39	Treatment services for specialty populations, i.e. Autism and eating disorders	8/6/2014 8:46 AM
40	I think more education and prevention could be helpful.	8/6/2014 8:22 AM
41	More staffing to fulfill the current needs in the community and to provide a high level of care.	8/6/2014 8:12 AM
42	Consultations with the psychiatrist at the team meetings level for better case coordination.	8/5/2014 10:44 PM
43	continue to bridge the gap between agencies	8/5/2014 8:22 PM
44	Adult family therapy. continuity of care following policy and procedures so everyone knows what to expect especially the PHF who are 1st line dealing with police ED after hour crisis walk ups phone calls and other agencies.	8/5/2014 4:55 PM
45	phf services/crisis/access to therapy and psychiatrist	8/5/2014 4:50 PM
46	Improve PHF care. More beds, In- patient therapy and case management, appropriate discharge planning.	8/5/2014 4:39 PM
47	Spanish language services including direct services (e.g., therapy, case management, etc) as well as providing forms and other documentation in Spanish are the most important issues to me. I see Spanish speaking families wait longer to receive assessments and direct services than their English speaking counterparts. Often there is a 6 month plus waitlist for Spanish speaking services. Families often drop out or disappear before ever receiving services due to the long wait and lack of tracking while the family is on the list. Also because of the limited bilingual staff, families may not receive a clinician trained in working with a specific issue/population such as birth to 5. Also because of the limited bilingual staff, clinicians may be asked to do things outside of their job duties which takes away from their time with clients to meet the language need in other areas such as translating documents. In addition to limited Spanish speaking resources for families, there needs to be more outreach to the Spanish speaking population to help them understand and navigate our system, as well as reduce stigma associated with mental health services.	8/5/2014 4:13 PM
48	Aftercare for PHF clients.	8/5/2014 4:12 PM
49	Larger outpatient facilities to accommodate integrating all areas of service. No. Co. OP clinic only one that was started and maintained. Larger outpatient clinics to allow room for growth, more groups and supportive groups. Increased demand on Post PHF/Hospitalizations having sufficient linkage, coordination and becoming a specialty service unto itself causing strain on OP clinicians. Poor community education and knowledge of resources available. No development in South County of a community resource/reference book. One exists in No. County that provide book on services available for numerous needs, ie; help for homeless, food banks, emergency financial asst., medical care other than CHC. Poor linkage and communication between CHC and MH.	8/5/2014 4:10 PM
50	What I feel is most needed is not on the first list. I think that we need to have residential a drug and alcohol treatment facility in this county.	8/5/2014 3:54 PM
51	Housing seems to be the main issue for many of our clients.	8/5/2014 3:42 PM
52	Mental Health Services for mild autism	8/5/2014 3:30 PM
53	socialization groups for kids	8/5/2014 3:17 PM
54	When children are hospitalized we need better services. Even a more friendly looking room, fresh paint and some new/clean toys and books would be great. Anything to make it look less scary to kids.	8/5/2014 3:10 PM
55	refreshed super user training to stay updated on anasazi training	8/5/2014 2:45 PM
56	PHF for youth	8/5/2014 2:39 PM
57	Definitely Spanish Speaking services.	8/5/2014 2:25 PM
58	Services for TAY	8/5/2014 2:25 PM
59	I see way to many clients on DAS treatment waitlists, I feel we set them up to fail when not in service.	8/5/2014 2:19 PM
60	System to better assess for level of care needed and assist in linking to appropriate level.	8/5/2014 2:17 PM
61	Need for more sober living environments and funding for same	8/5/2014 2:07 PM
62	Training for LMFT and LCSW for supervising interns.	8/5/2014 1:54 PM
63	Need strong family component	8/5/2014 1:53 PM
64	Medically assisted SLE's where clients that have COD or Co-Morbidities could have their medical needs addressed. Many of our clients have either suboxone tx or psychotropic medications and supportive housing and SLE's are not willing or able to provide services.	8/5/2014 1:50 PM

Q5 Would you like to be contacted for further discussion?

Answered: 108 Skipped: 0



Answer Choices	Responses	
Yes	25.93%	28
No	74.07%	80
Total		108

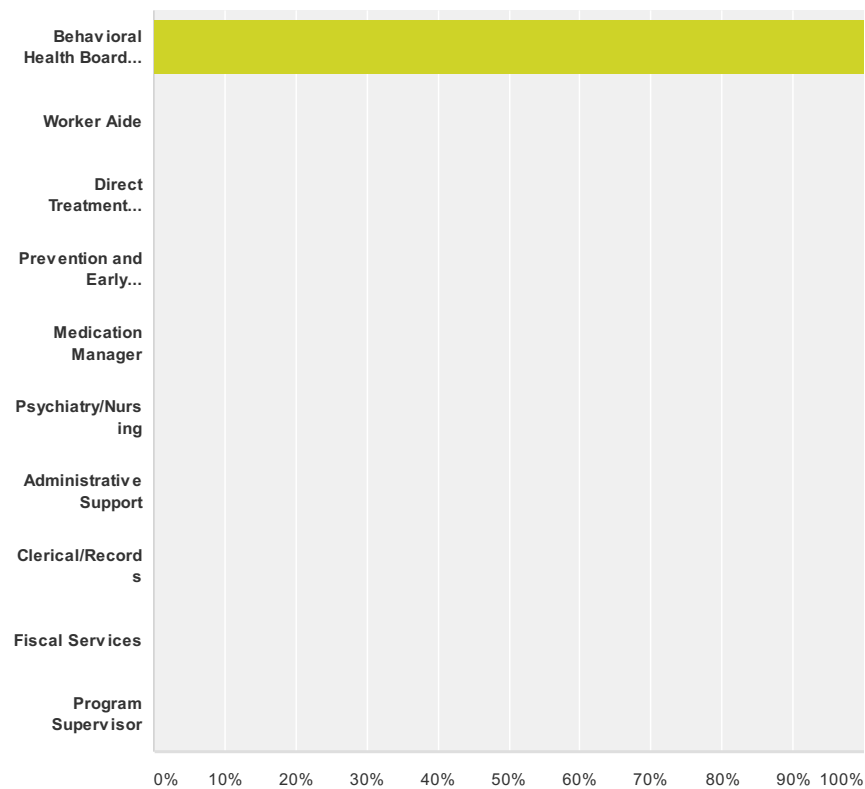
Q6 Please tell us your name and email address if you would like to be contacted:

Answered: 27 Skipped: 81

#	Responses	Date
1	ishapiro@co.slo.ca.us Idee Shapiro	8/29/2014 4:57 PM
2	Jim Roberts or Jon Nibbio jim@fcni.org, jon@fcni.org	8/26/2014 3:32 PM
3	Jim Pearce LMFT jpearce@co.slo.ca.us	8/21/2014 9:55 AM
4	Rolando Rojas rojas@co.slo.ca.us	8/14/2014 8:12 AM
5	Darci Hafley dhafley@co.slo.ca.us	8/13/2014 4:11 PM
6	Kristin Bahner kbahner@co.slo.ca.us	8/13/2014 11:12 AM
7	Alex ssi1@ymail.com	8/13/2014 11:09 AM
8	Jeffrey Elliott, PsyD - jelliott@co.slo.ca.us	8/13/2014 10:53 AM
9	eburt@co.slo.ca.us	8/11/2014 9:32 AM
10	Stephanie Buchler, LCSW sbuchler@co.slo.ca.us	8/8/2014 10:39 AM
11	Rebecca McGarigle rmcgarigle@co.slo.ca.us	8/8/2014 9:25 AM
12	Lauren Lederer llederer@co.slo.ca.us	8/7/2014 11:21 AM
13	Alexander Dominguez ssi1@ymail.com	8/6/2014 5:04 PM
14	Dave Mayfield dmayfield@co.slo.ca.us Vicente YS	8/6/2014 4:48 PM
15	Manuel Barba mbarba@co.slo.ca.us	8/6/2014 4:00 PM
16	maxelrod@co.slo.ca.us	8/6/2014 3:00 PM
17	Ray Ford- rford@co.slo.ca.us	8/6/2014 10:44 AM
18	Ray Irey rrey@co.slo.ca.us	8/6/2014 8:47 AM
19	Triesha Miller Psychtechmiller@yahoo.com	8/5/2014 4:55 PM
20	Donna Hayes, LPT dkhayes@co.slo.ca.us	8/5/2014 4:11 PM
21	Cynthia Caldeira, LMFT ccaldeira@co.slo.ca.us	8/5/2014 3:56 PM
22	Anne Griffin agriffin@slo.co.ca.us	8/5/2014 3:18 PM
23	Michelle Gaulden mgaulden@co.slo.ca.us	8/5/2014 3:11 PM
24	jhodges@co.slo.ca.us	8/5/2014 3:06 PM
25	atrigueros@co.slo.ca.us	8/5/2014 2:45 PM
26	Wendy Clodfelter wclodfelter@co.slo.ca.us	8/5/2014 1:55 PM
27	Elisa Leigan eleigan@co.slo.ca.us	8/5/2014 1:50 PM

Q1 Please tell us which work group you represent:

Answered: 7 Skipped: 0

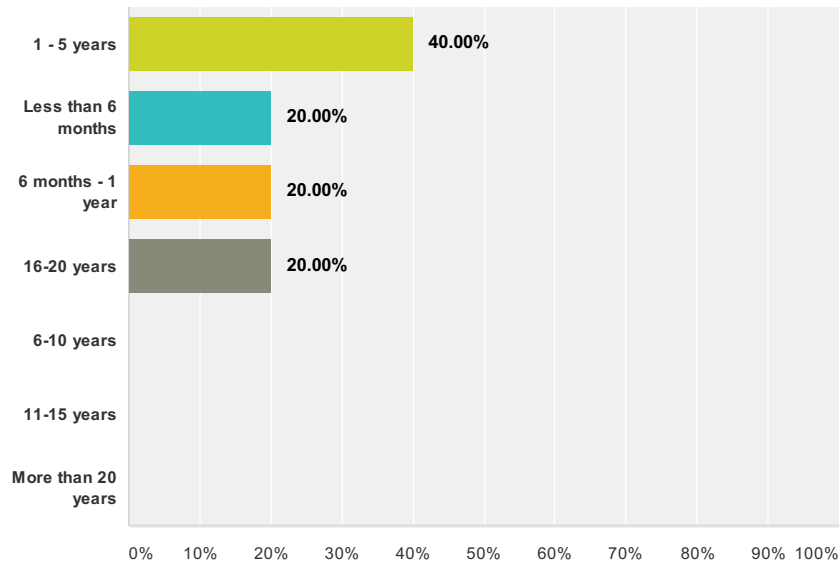


Answer Choices	Responses
Behavioral Health Board Member	100.00% 7
Worker Aide	0.00% 0
Direct Treatment Service provider (e.g. Therapist, Specialist, Case management, etc.)	0.00% 0
Prevention and Early Intervention provider	0.00% 0
Medication Manager	0.00% 0
Psychiatry/Nursing	0.00% 0
Administrative Support	0.00% 0
Clerical/Records	0.00% 0
Fiscal Services	0.00% 0
Program Supervisor	0.00% 0
Total	7

#	Other (please specify)	Date
1	board member-consumer	8/29/2014 4:55 PM

Q2 How long have you worked in the Behavioral Health Department (Mental Health or Drug & Alcohol Services)?

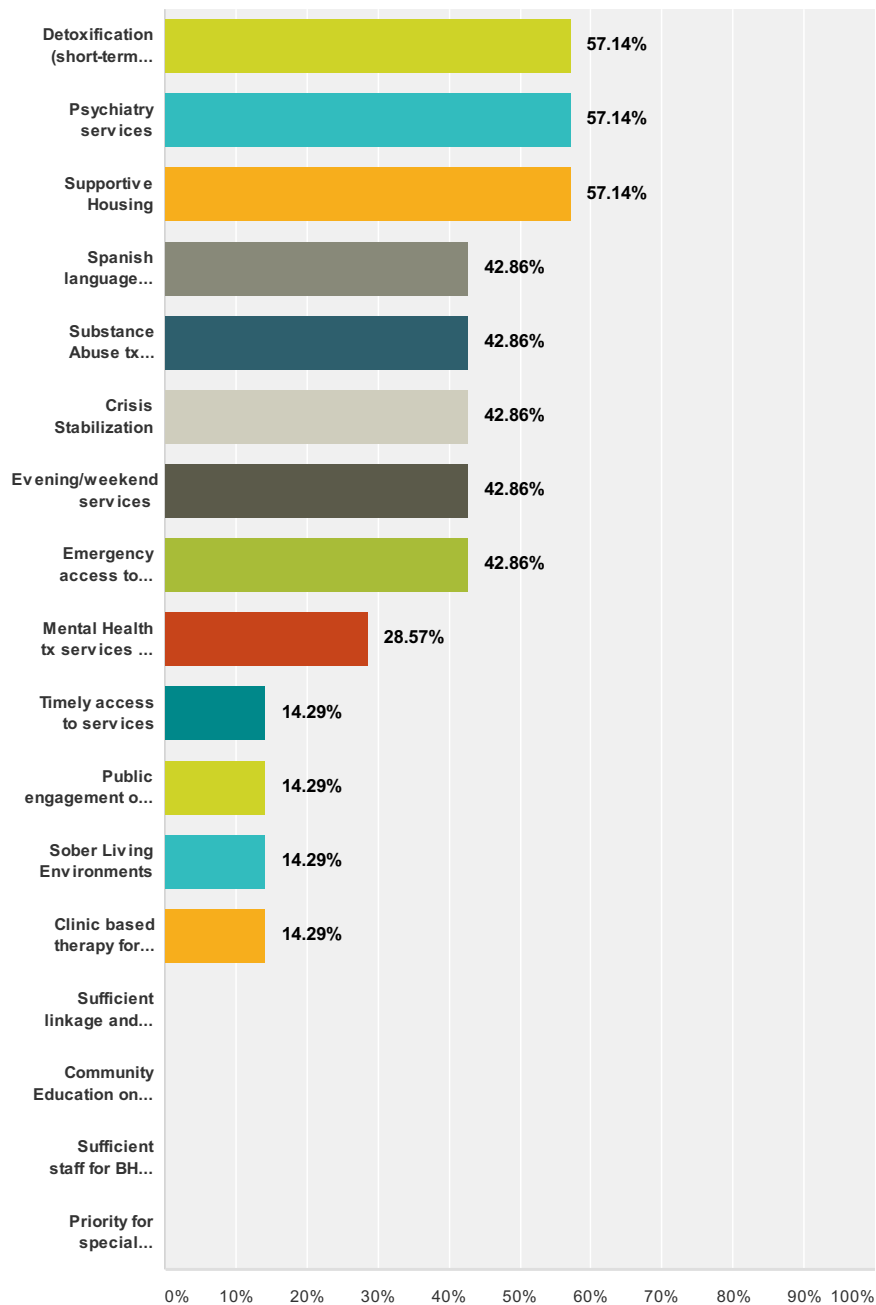
Answered: 5 Skipped: 2



Answer Choices	Responses
1 - 5 years	40.00% 2
Less than 6 months	20.00% 1
6 months - 1 year	20.00% 1
16-20 years	20.00% 1
6-10 years	0.00% 0
11-15 years	0.00% 0
More than 20 years	0.00% 0
Total	5

Q3 From your observations and/or experience, please mark the service elements you feel could be improved, increased, or developed. Please select your top five:

Answered: 7 Skipped: 0



Answer Choices	Responses
Detoxification (short-term residential)	57.14% 4
Psychiatry services	57.14% 4
Supportive Housing	57.14% 4
Spanish language services	42.86% 3
Substance Abuse tx services on school campuses	42.86% 3
Crisis Stabilization	42.86% 3

Behavioral Health Department Employee Survey - Service Gaps

Evening/weekend services	42.86%	3
Emergency access to medications	42.86%	3
Mental Health tx services on school campuses	28.57%	2
Timely access to services	14.29%	1
Public engagement on BH issues	14.29%	1
Sober Living Environments	14.29%	1
Clinic based therapy for adults	14.29%	1
Sufficient linkage and navigation (warm hand-offs)	0.00%	0
Community Education on specialty BH issues	0.00%	0
Sufficient staff for BH intakes	0.00%	0
Priority for special populations	0.00%	0
Total Respondents: 7		

#	Of these choices, which do you feel is MOST needed:	Date
1	detox	8/29/2014 4:55 PM
2	Crisis Stabilization	8/29/2014 9:02 AM
3	Supportive Housing	8/25/2014 1:36 PM
4	MH services on school campuses	8/22/2014 2:54 PM

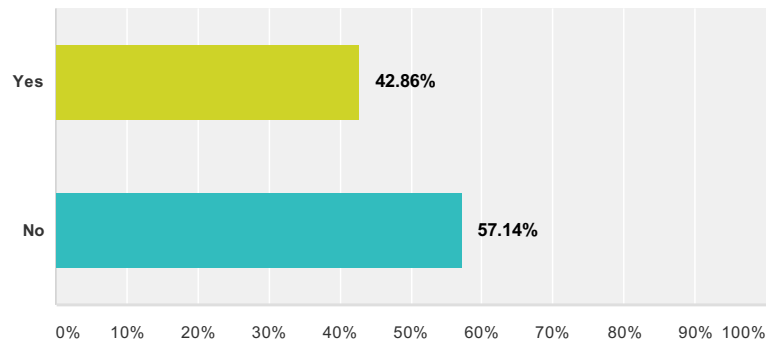
Q4 What other consumer services are missing, need significant improvements, or need increased resourcing in our continuum of care?

Answered: 2 Skipped: 5

#	Responses	Date
1	money	8/29/2014 4:55 PM
2	VID, community collaborative efforts working with the chronic inebriate population since there are currently no case management services for D&A.	8/25/2014 1:36 PM

Q5 Would you like to be contacted for further discussion?

Answered: 7 Skipped: 0



Answer Choices	Responses	
Yes	42.86%	3
No	57.14%	4
Total		7

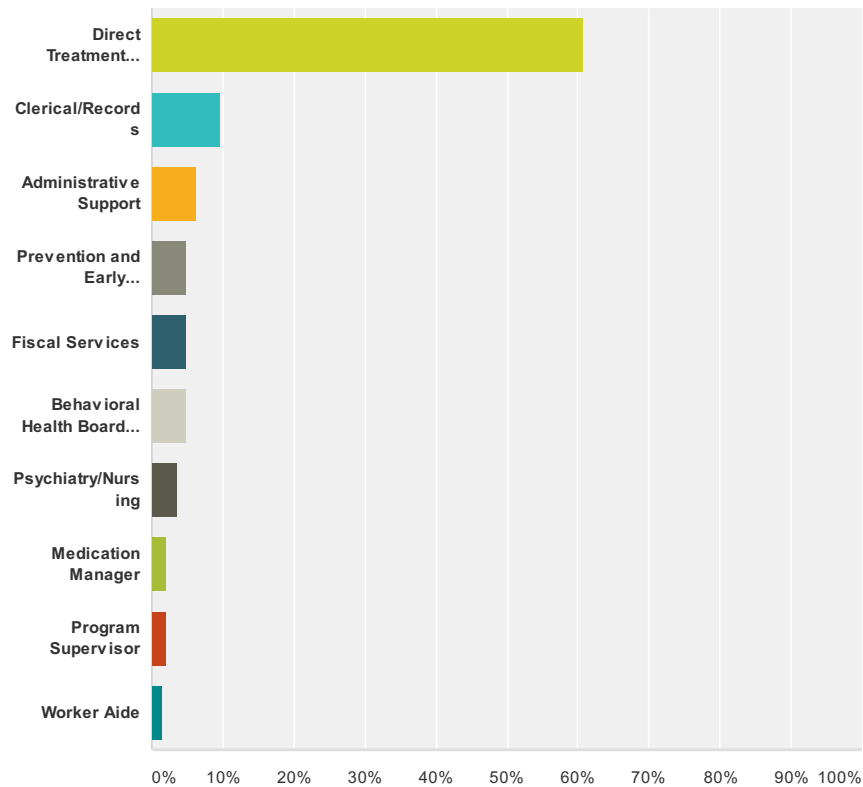
**Q6 Please tell us your name and email
address if you would like to be contacted:**

Answered: 3 Skipped: 4

#	Responses	Date
1	karl richard hansen ssn553-72-3474 krh@kcbx.net	8/29/2014 4:55 PM
2	Theresa Scott - tscott@cencalhealth.org	8/25/2014 1:37 PM
3	David Riester davidriester@sbcglobal.net	8/23/2014 3:55 PM

Q1 Please tell us which work group you represent:

Answered: 145 Skipped: 2

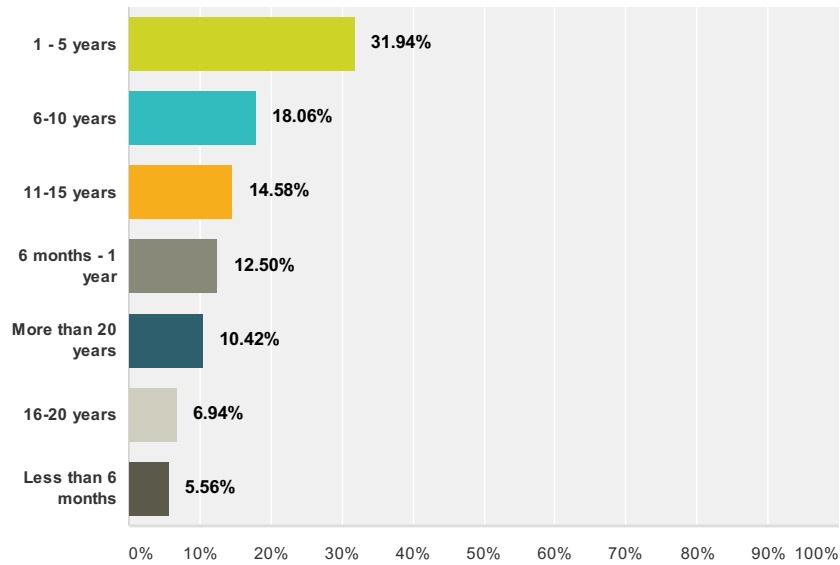


Answer Choices	Responses
Direct Treatment Service provider (e.g. Therapist, Specialist, Case management, etc.)	60.69% 88
Clerical/Records	9.66% 14
Administrative Support	6.21% 9
Prevention and Early Intervention provider	4.83% 7
Fiscal Services	4.83% 7
Behavioral Health Board Member	4.83% 7
Psychiatry/Nursing	3.45% 5
Medication Manager	2.07% 3
Program Supervisor	2.07% 3
Worker Aide	1.38% 2
Total	145

#	Other (please specify)	Date
1	Program Supervisor	8/29/2014 4:57 PM
2	Drug Testing	8/29/2014 4:57 PM
3	supervisor	8/29/2014 4:57 PM
4	Program Supervisor	8/29/2014 4:57 PM
5	board member-consumer	8/29/2014 4:55 PM
6	Medication Manger Also.	8/13/2014 11:50 AM
7	Drug Testing	8/13/2014 11:33 AM
8	Crisis Response Iaison/Transfer Coordinator	8/6/2014 4:52 PM
9	Program Supervisor	8/5/2014 4:55 PM

Q2 How long have you worked in the Behavioral Health Department (Mental Health or Drug & Alcohol Services)?

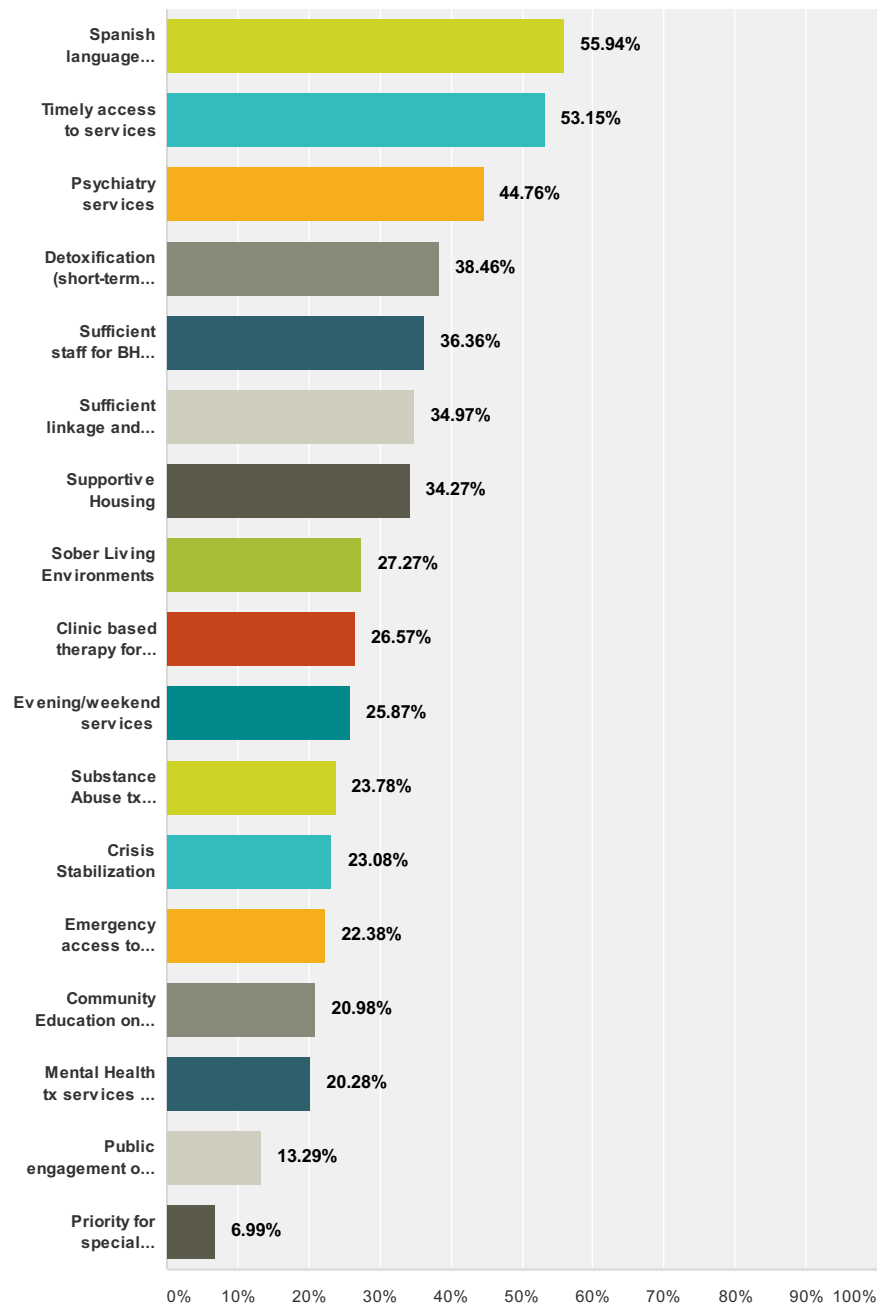
Answered: 144 Skipped: 3



Answer Choices	Responses	
1 - 5 years	31.94%	46
6-10 years	18.06%	26
11-15 years	14.58%	21
6 months - 1 year	12.50%	18
More than 20 years	10.42%	15
16-20 years	6.94%	10
Less than 6 months	5.56%	8
Total		144

Q3 From your observations and/or experience, please mark the service elements you feel could be improved, increased, or developed. Please select your top five:

Answered: 143 Skipped: 4



Answer Choices	Responses
Spanish language services	55.94% 80
Timely access to services	53.15% 76
Psychiatry services	44.76% 64
Detoxification (short-term residential)	38.46% 55
Sufficient staff for BH intakes	36.36% 52
Sufficient linkage and navigation (warm hand-offs)	34.97% 50

Behavioral Health Department Employee Survey - Service Gaps

Supportive Housing	34.27%	49
Sober Living Environments	27.27%	39
Clinic based therapy for adults	26.57%	38
Evening/weekend services	25.87%	37
Substance Abuse tx services on school campuses	23.78%	34
Crisis Stabilization	23.08%	33
Emergency access to medications	22.38%	32
Community Education on specialty BH issues	20.98%	30
Mental Health tx services on school campuses	20.28%	29
Public engagement on BH issues	13.29%	19
Priority for special populations	6.99%	10
Total Respondents: 143		

#	Of these choices, which do you feel is MOST needed:	Date
1	Detoxification residential treatment	8/29/2014 4:57 PM
2	Community Education	8/29/2014 4:57 PM
3	Spanish speaking services	8/29/2014 4:57 PM
4	detox	8/29/2014 4:55 PM
5	Crisis Stabilization	8/29/2014 9:02 AM
6	cooccurring related services & short term, step-down residential	8/26/2014 3:31 PM
7	Supportive Housing	8/25/2014 1:36 PM
8	MH services on school campuses	8/22/2014 2:54 PM
9	Sober living environments	8/21/2014 9:54 AM
10	Spanish speaking services	8/18/2014 9:27 AM
11	Spanish language services - Latino outreach workers are swamped and it would be nice to have more Spanish speaking staff in schools and in the local clinics..	8/14/2014 9:39 AM
12	Sufficient linkage and navigation (warm hand offs)	8/14/2014 8:11 AM
13	Spanish Language services	8/13/2014 4:59 PM
14	Detox	8/13/2014 4:55 PM
15	Spanish language services	8/13/2014 4:44 PM
16	Substance Abuse Tx Services on School Campuses	8/13/2014 4:32 PM
17	Sufficient linkage and navigation	8/13/2014 4:15 PM
18	Spanish Language Services	8/13/2014 4:11 PM
19	Sufficient staff for BH intakes	8/13/2014 2:18 PM
20	Spanish language services	8/13/2014 1:35 PM
21	Supportive Housing and Sober Living Environments	8/13/2014 12:46 PM
22	detoxification (short-term residential)	8/13/2014 12:43 PM
23	All are linked together/critically important	8/13/2014 12:36 PM
24	Timely access to services	8/13/2014 11:50 AM
25	Timely access to services	8/13/2014 11:37 AM
26	supportive housing	8/13/2014 11:37 AM
27	People that speak spanish	8/13/2014 11:36 AM
28	Sufficient staffing for BH Intakes- More integrated, no wrong door	8/13/2014 11:33 AM
29	Timely access to services	8/13/2014 11:11 AM
30	Psychiatry services	8/13/2014 11:00 AM
31	Substance abuse TX on school campuses	8/13/2014 10:55 AM
32	All are equally important	8/13/2014 10:52 AM
33	Psychiatry services	8/13/2014 8:21 AM
34	Timely Access to Services	8/12/2014 6:04 PM
35	Timely Access to Services	8/12/2014 6:04 PM

Behavioral Health Department Employee Survey - Service Gaps

36	Behavioral Health Current Service Delivery March 2015	8/12/2014 1:22 PM
37	residential tx (detox)	8/11/2014 11:01 AM
38	Timely Intakes all clinics and Adult Therapy in SLO.	8/11/2014 9:32 AM
39	Substance Abuse/Mental Health tx svs on school campuses	8/10/2014 12:22 PM
40	Spanish language	8/8/2014 8:26 PM
41	Spanish service providers: Licensed therapists, not just translators	8/8/2014 10:38 AM
42	Therapy for Adults--Co-Occurring Population	8/8/2014 9:25 AM
43	Increase number of case managers and decrease administration which has gotten out of control over the past few years.	8/7/2014 3:35 PM
44	More services in the schools	8/7/2014 9:24 AM
45	Crisis Stabilization	8/7/2014 8:59 AM
46	Sufficient staff for intakes	8/6/2014 5:53 PM
47	Supportive Housing	8/6/2014 5:03 PM
48	Quick Access to mental health services	8/6/2014 4:52 PM
49	Stability in our Psychiatrist staffing for clinics per continuity of care for clients who are experiencing excessive changes in providers (except at YS--where additional MD staffing would be beneficial)	8/6/2014 4:47 PM
50	residential living environments in San Luis Obispo County	8/6/2014 4:09 PM
51	timely access to all services	8/6/2014 3:00 PM
52	Sufficient staff for BH Services	8/6/2014 1:53 PM
53	Detoxification	8/6/2014 1:50 PM
54	psychiatry services	8/6/2014 12:13 PM
55	Sufficient staff	8/6/2014 10:49 AM
56	Psychiatry services- turnover & availability.	8/6/2014 10:44 AM
57	supportive housing	8/6/2014 10:14 AM
58	Sufficient linkage and navigation/Spanish services	8/6/2014 9:18 AM
59	Timely access to services	8/6/2014 8:22 AM
60	psychiatry services	8/6/2014 8:20 AM
61	Evening Weekend services	8/6/2014 8:19 AM
62	More client oriented child psychiatrists that do thorough assessments and evals.	8/5/2014 10:44 PM
63	bring both Drug & Alc SPECIALIST = BH THERAPIST	8/5/2014 8:22 PM
64	Timely access	8/5/2014 5:10 PM
65	spanish language services	8/5/2014 4:55 PM
66	Timely access to services / MH is far too slow	8/5/2014 4:55 PM
67	Crisis services	8/5/2014 4:50 PM
68	Sufficient Staff for BH Intakes	8/5/2014 4:39 PM
69	Spanish Language Services	8/5/2014 4:13 PM
70	Spanish Language Services	8/5/2014 4:12 PM
71	Community Education on specialty BH issues	8/5/2014 4:10 PM
72	Timely access to services (waitlist)	8/5/2014 3:54 PM
73	I feel that on this list psychiatric services are most needed. There is a huge gap regarding the care of non-criminal patients with co-occurring disorders. They are passed around between Mental Health, CHC and now the Holmen Group. The only place where they are seen for psychiatric evaluation and medication is by our one, part time Nurse Practitioner here at DAS. Because she also handles our alcohol and opiate detox program, the wait to see her can be long. Those patients with these complicated drug and mental health issues often cannot remain in our program long enough to be seen by her. Further, our services are limited in time and these patients require years, maybe lifelong care. I am concerned that when they complete our program there will not be a service that we can "hand them off to" for continued care. Consequently, sufficient linkage and navigation is the second area of services most needed.	8/5/2014 3:54 PM
74	Clinic based therapy for adults	8/5/2014 3:30 PM
75	spanish services and psychiatry services	8/5/2014 3:17 PM
76	Crisis Stabilization and crisis for children	8/5/2014 3:10 PM
77	Timely access to services	8/5/2014 2:42 PM
78	Spanish Language Services	8/5/2014 2:39 PM
79	Detox (short term residential)	8/5/2014 2:25 PM
80	detox/ sober living for youth and adult	8/5/2014 2:25 PM
81	spanish language services	8/5/2014 2:17 PM
82	Timely access to Mental Health services	8/5/2014 2:07 PM

Behavioral Health Department Employee Survey - Service Gaps

83	Behavioral Health Current Service Delivery March 2015	8/5/2014 1:54 PM
84	There is a gap in North county ERMHS treatment. Not only do the clients have to travel to get services,	8/5/2014 1:54 PM
85	Supportive housing/SLE's	8/5/2014 1:53 PM
86	Crisis stabilization	8/5/2014 1:53 PM
87	Timely access to services	8/5/2014 1:51 PM

Q4 What other consumer services are missing, need significant improvements, or need increased resourcing in our continuum of care?

Answered: 82 Skipped: 65

#	Responses	Date
1	Closely monitoring people who leave the PHF and help the client find strength based solutions on how to develop better coping skills. Maybe a person to follow up for at least 30 days anyone who lands on the PHF (non-LPS) so they will feel supported and can then access crisis help if needed.	8/29/2014 4:57 PM
2	Reduced intake paperwork across the agencies.	8/29/2014 4:57 PM
3	money	8/29/2014 4:55 PM
4	Access to MHSA intensive services on a 24/7 basis	8/26/2014 3:31 PM
5	VID, community collaborative efforts working with the chronic inebriate population since there are currently no case management services for D&A.	8/25/2014 1:36 PM
6	Parenting classes combined with options for triaging to assessment, intervention and support for struggling parents. More early intervention with parents I believe is essential.	8/21/2014 9:54 AM
7	I would like to see the intake process streamlined to enable families to access services more quickly.	8/14/2014 9:39 AM
8	Better Public Relations, Community Outreach	8/14/2014 8:11 AM
9	Crisis residential services Board and Cares (more than what we have already).	8/13/2014 4:59 PM
10	San Luis Obispo County Alumni Group Access.	8/13/2014 4:32 PM
11	Labor Issues Raises for employees	8/13/2014 4:23 PM
12	Bi-lingual services	8/13/2014 4:15 PM
13	Transportation assistance	8/13/2014 4:11 PM
14	Family therapy services in the evenings	8/13/2014 2:00 PM
15	Caregiver support groups	8/13/2014 1:35 PM
16	Hire more HIT2's for medical records department. We are understaffed. Work is growing and not enough staff to keep up with the growth.	8/13/2014 1:10 PM
17	More HIT	8/13/2014 12:53 PM
18	Family Therapy to address reunification issues after incidence of Intimate Partner Violence; as it is, the perpetrator and victim end up back together and the cycle of violence continues.	8/13/2014 12:46 PM
19	Services for extended non-substance using family/friends/support system - you're only as "recovered" as your environment will allow - we need help for families - updated treatment options other than Matrix Model - based on stimulant dependence - also presented too "old school" the "you must do this" versus giving choices - In raising children we give choices - in substance dependence choices need to be options - and differing opinions allowed to be explored - If I tell someone "Be Smart Not Strong" I don't give them the option of giving definitions of what that means to them - or coming to their own conclusions on what that means - all lessons too black and white without allowing process - or for individual personalities -	8/13/2014 12:36 PM
20	Mobile Crisis as a willing partner	8/13/2014 11:37 AM
21	There needs to be extra help in the front office in SLO. It is ridiculous	8/13/2014 11:36 AM
22	I would like to see business hrs reflect needs rather than a blanket 8-5. DAS does a lot of after 5 hours and would like to see a modification of support hours 9-6.	8/13/2014 11:33 AM
23	Caseloads are very high which makes it so client's do not get the care they need and sometimes "fall through the cracks".	8/13/2014 11:13 AM
24	Youth services rehab services for emotionally disturbed children are very necessary for many to make improvement but in south county we do not have any outdoor area to work with clients on these skills. It is the unstructured outdoor times that cause client's the most difficulty and typically where they have aggressive behavior outbursts. It seems we do not have a protocol for Spanish speaking only clients with need for a mobile crisis evaluation. Our Latino outreach therapist has a waiting list.	8/13/2014 11:12 AM
25	All direct care staff should have access computers. All direct care staff and worker aides need to have their own computers to be more efficient and save time.	8/13/2014 11:08 AM
26	A contract with Maxine Lewis Homeless Shelter and ECHO to have one bed per night for crisis contacts that have no place to go in the middle of the night. It could possibly prevent some hospitalizations in the middle of the night since some consumers do not know resources after hours. A direct phone line to them would be helpful as well.	8/13/2014 11:03 AM
27	Specifically, it seems like community education in schools would be helpful. It appears that many youth consumers feel misunderstood by both peers and staff.	8/13/2014 11:00 AM
28	More supervisor contact with counselors. Supervisors should be sitting in on group meetings to observe counselors.	8/13/2014 10:55 AM
29	Allowance of substance abuse testing at time of intake	8/13/2014 10:52 AM
30	Psychiatric care for moderately impaired (Holman)-no psychiatrists available for children	8/11/2014 11:01 AM
31	Traditional MH Services have suffered. Med Managers have too high a caseload, Youth Therapists in NC have too high a caseload. It is a shame that people are referred to MH and can't get in to see someone for an intake for "weeks" and sometimes months.	8/11/2014 9:32 AM

Behavioral Health Department Employee Survey - Service Gaps

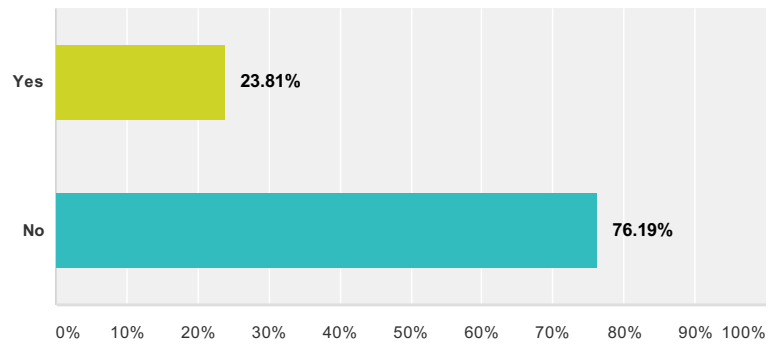
32	Behavioral Health Current Service Delivery March 2015 Behavioral Health Current Service Delivery March 2015, Ill/Substance Abuse issues with loved ones, they are not heard and should be very much considered	8/10/2014 12:22 PM
33	Housing for MI consumers with children Staff for case management	8/8/2014 8:26 PM
34	Evening hours	8/8/2014 10:38 AM
35	We need more Co-Occurring treatment availability.	8/8/2014 9:25 AM
36	Get some psychiatrists in to the system that are not running their private practices on county time.	8/7/2014 3:35 PM
37	Integrated services with DAS and Mental Health. At mental health I see clients having to wait 60 days for a mental health assessment only to be denied due to dual diagnosis issues when they really need services.	8/7/2014 11:20 AM
38	Relevant support services to parents, families and grandparents raising children	8/7/2014 9:24 AM
39	Intake of supportive billing information and communication of client obligations.	8/7/2014 8:59 AM
40	Integrated services, adequate clinic space, streamline FSP access.	8/6/2014 5:53 PM
41	Specialty equipment for all Case Managers, such as individual lap top computers that can be taken out into the field. This would help make better use of time for case managers.	8/6/2014 5:03 PM
42	inpatient ER medical detox, expansion of the inpatient psych services for adults/adolescents.	8/6/2014 4:52 PM
43	Youth Services needs a more permanent home/site; development of a youth campus near the BH campus would be excellent long term planning/investing in this service delivery system.	8/6/2014 4:47 PM
44	Members of our Spanish speaking, migrant and potentially undocumented communities must feel at home and welcomed when seeking support through our services. MH does a good job in many of these areas, but there is still so much further we can go.	8/6/2014 3:59 PM
45	Open drop-in support/psychoeducational groups for non-clients in need of information or brief support.	8/6/2014 2:29 PM
46	I think that there needs to be more case managers, and better access to MD's. I think that it is a mistake to only have one Dual Disorders Therapist at a mental health clinic. I would like to see more individual therapy at the clinics.	8/6/2014 12:13 PM
47	More staff therapists in youth services to relieve tremendous case loads.	8/6/2014 10:49 AM
48	Re-dedication to core services is needed. Mission creep appears to have occurred that waters down clinical effectiveness.	8/6/2014 10:44 AM
49	BILINGUAL STAFF!!!!	8/6/2014 9:25 AM
50	Open communication between various departments	8/6/2014 9:18 AM
51	Treatment services for specialty populations, i.e. Autism and eating disorders	8/6/2014 8:46 AM
52	I think more education and prevention could be helpful.	8/6/2014 8:22 AM
53	More staffing to fulfill the current needs in the community and to provide a high level of care.	8/6/2014 8:12 AM
54	Consultations with the psychiatrist at the team meetings level for better case coordination.	8/5/2014 10:44 PM
55	continue to bridge the gap between agencies	8/5/2014 8:22 PM
56	Outpatient clinic based services	8/5/2014 5:10 PM
57	Adult family therapy. continuity of care following policy and procedures so everyone knows what to expect especially the PHF who are 1st line dealing with police ED after hour crisis walk ups phone calls and other agencies.	8/5/2014 4:55 PM
58	Staff need consistent training in Wellness and Recovery and what that really means.	8/5/2014 4:55 PM
59	phf services/crisis/access to therapy and psychiatrist	8/5/2014 4:50 PM
60	Improve PHF care. More beds, In- patient therapy and case management, appropriate discharge planning.	8/5/2014 4:39 PM
61	Spanish language services including direct services (e.g., therapy, case management, etc) as well as providing forms and other documentation in Spanish are the most important issues to me. I see Spanish speaking families wait longer to receive assessments and direct services than their English speaking counterparts. Often there is a 6 month plus waitlist for Spanish speaking services. Families often drop out or disappear before ever receiving services due to the long wait and lack of tracking while the family is on the list. Also because of the limited bilingual staff, families may not receive a clinician trained in working with a specific issue/population such as birth to 5. Also because of the limited bilingual staff, clinicians may be asked to do things outside of their job duties which takes away from their time with clients to meet the language need in other areas such as translating documents. In addition to limited Spanish speaking resources for families, there needs to be more outreach to the Spanish speaking population to help them understand and navigate our system, as well as reduce stigma associated with mental health services.	8/5/2014 4:13 PM
62	Aftercare for PHF clients.	8/5/2014 4:12 PM
63	Larger outpatient facilities to accommodate integrating all areas of service. No. Co. OP clinic only one that was started and maintained. Larger outpatient clinics to allow room for growth, more groups and supportive groups. Increased demand on Post PHF/Hospitalizations having sufficient linkage, coordination and becoming a specialty service unto itself causing strain on OP clinicians. Poor community education and knowledge of resources available. No development in South County of a community resource/reference book. One exists in No. County that provide book on services available for numerous needs, ie; help for homeless, food banks, emergency financial asst., medical care other than CHC. Poor linkage and communication between CHC and MH.	8/5/2014 4:10 PM
64	A way for people who aren't involved in the court/criminal justice system to get help. It's almost as if clients aren't receiving help until the point of arrest. Need to do outreach and get the population before that criminal record affects their lives.	8/5/2014 3:54 PM
65	What I feel is most needed is not on the first list. I think that we need to have residential a drug and alcohol treatment facility in this county.	8/5/2014 3:54 PM
66	Housing seems to be the main issue for many of our clients.	8/5/2014 3:42 PM
67	Mental Health Services for mild autism	8/5/2014 3:30 PM
68	socialization groups for kids	8/5/2014 3:17 PM

Behavioral Health Department Employee Survey - Service Gaps

69	Behavioral Health Current Service Delivery March 2015 The current service delivery model for kids does not have a more friendly looking room, fresh paint and some new/clean toys and books would be great. Anything to make it look less scary to kids.	8/5/2014 3:10 PM
70	Consistency in psychiatrists, not locum tenens.	8/5/2014 3:00 PM
71	refreshed super user training to stay updated on anasazi training	8/5/2014 2:45 PM
72	PHF for youth	8/5/2014 2:39 PM
73	Definitely Spanish Speaking services.	8/5/2014 2:25 PM
74	Services for TAY	8/5/2014 2:25 PM
75	I see way to many clients on DAS tereatment waitlists, I feel we set them up to fail when not in service.	8/5/2014 2:19 PM
76	System to better assess for level of care needed and assist in linking to appropriate level.	8/5/2014 2:17 PM
77	Need for more sober living environments and funding for same	8/5/2014 2:07 PM
78	Provide all D&AS clinics w/the same programs, rather than just SLO clinic availability. Case in point: DEJ & Prop 36 available only to SLO. It should be available to all clinics. It would lessen the busiest load from D&AS reception. Too much disparity of workload in all the clinics	8/5/2014 1:54 PM
79	Training for LMFT and LCSW for supervising interns.	8/5/2014 1:54 PM
80	Need strong family component	8/5/2014 1:53 PM
81	Medically assisted SLE's where clients that have COD or Co-Morbidities could have their medical needs addressed. Many of our clients have either suboxone tx or psychotropic medications and supportive housing and SLE's are not willing or able to provide services.	8/5/2014 1:50 PM
82	internet / mobile device access to account information, medical history, billing, online payments, appointments, resources, etc	8/5/2014 1:48 PM

Q5 Would you like to be contacted for further discussion?

Answered: 147 Skipped: 0



Answer Choices	Responses	
Yes	23.81%	35
No	76.19%	112
Total		147

Q6 Please tell us your name and email address if you would like to be contacted:

Answered: 34 Skipped: 113

#	Responses	Date
1	ishapiro@co.slo.ca.us Idee Shapiro	8/29/2014 4:57 PM
2	karl richard hansen ssn553-72-3474 kh@kcbx.net	8/29/2014 4:55 PM
3	Jim Roberts or Jon Nibbio jim@fcni.org, jon@fcni.org	8/26/2014 3:32 PM
4	Theresa Scott - tscott@cencalhealth.org	8/25/2014 1:37 PM
5	David Riestler davidriester@sbcglobal.net	8/23/2014 3:55 PM
6	Jim Pearce LMFT jpearce@co.slo.ca.us	8/21/2014 9:55 AM
7	Rolando Rojas rojas@co.slo.ca.us	8/14/2014 8:12 AM
8	Nancy Mancha-Whitcomb nmancha-whitcomb@co.slo.ca.us	8/13/2014 5:00 PM
9	Darci Hafley dhafley@co.slo.ca.us	8/13/2014 4:11 PM
10	Rita Elaine Jordison 461-6065	8/13/2014 12:53 PM
11	Kristin Bahner kbahner@co.slo.ca.us	8/13/2014 11:12 AM
12	Alex ssi1@ymail.com	8/13/2014 11:09 AM
13	Jeffrey Elliott, PsyD - jelliott@co.slo.ca.us	8/13/2014 10:53 AM
14	eburt@co.slo.ca.us	8/11/2014 9:32 AM
15	Stephanie Buchler, LCSW sbuchler@co.slo.ca.us	8/8/2014 10:39 AM
16	Rebecca McGarigle rmcgarigle@co.slo.ca.us	8/8/2014 9:25 AM
17	Lauren Lederer llederer@co.slo.ca.us	8/7/2014 11:21 AM
18	Alexander Dominguez ssi1@ymail.com	8/6/2014 5:04 PM
19	Dave Mayfield dmayfield@co.slo.ca.us Vicente YS	8/6/2014 4:48 PM
20	Manuel Barba mbarba@co.slo.ca.us	8/6/2014 4:00 PM
21	maxelrod@co.slo.ca.us	8/6/2014 3:00 PM
22	Ray Ford- rford@co.slo.ca.us	8/6/2014 10:44 AM
23	Ray Irey rrey@co.slo.ca.us	8/6/2014 8:47 AM
24	Coralyn Brett I speak up quite a bit, so I think most people know what I am talking about, if you don't please feel free to contact me! Thank you for asking	8/5/2014 4:56 PM
25	Triesha Miller Psychtechmiller@yahoo.com	8/5/2014 4:55 PM
26	Donna Hayes, LPT dkhayes@co.slo.ca.us	8/5/2014 4:11 PM
27	Cynthia Caldeira, LMFT ccaldeira@co.slo.ca.us	8/5/2014 3:56 PM
28	Anne Griffin agriffin@slo.co.ca.us	8/5/2014 3:18 PM
29	Michelle Gaulden mgaulden@co.slo.ca.us	8/5/2014 3:11 PM
30	jhodges@co.slo.ca.us	8/5/2014 3:06 PM
31	atrigueros@co.slo.ca.us	8/5/2014 2:45 PM
32	Wendy Clodfelter wclodfelter@co.slo.ca.us	8/5/2014 1:55 PM
33	Elisa Leigan eleigan@co.slo.ca.us	8/5/2014 1:50 PM
34	Jim Scarfetta jscarfetta@co.slo.ca.us	8/5/2014 1:48 PM